

## APPLICATION FOR CONSTRUCTION PERMIT DATE RECEIVED

State Form 50098 (R3 / 8-06) INDIANA STATE DEPARTMENT OF HEALTH / SANITARY ENGINEERING

Approved by State Board of Accounts, 2006

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INSTRUCTIONS: 1. Send check or money order along with plans to:
Indiana State Department of Health P O Box 7236 Indianapolis, IN 46207-7236

2. Direct questions to 317/233-7177

## **FAX COPIES OF APPLICATIONS**

				WILL NOT BE ACCEPTED			
1.	OWNER		The Following Documents are Attached: (CHECK WHERE APPLICABLE)				
	Name		A.	Location Map			
	Address		В.	Plot Plan			
	Phone No		C. D.	Legal Description of the Property Plans and Specifications certified by Architect or Engineer			
2.	OWNER'S DESIGNATED AGENT  Name  Title  Address		E.	Documents Required by 410 IAC 6-10			
				(1) Report of Soil Survey Conducted by a Soil Scientist – Applicable if Soil Report Not Already	_		
				Submitted  (2) Wasternature Characteristics and			
	Phone No		F.	<ul><li>(2) Wastewater Characteristics and Flow Calculations</li><li>Fees Required by 410 IAC 6-12-17</li></ul>			
3.	FACILITY (TYPE OF PROJECT)			(see other side)			
	Name	6.	SIGNATURE				
	Address  City  County Zip		Application is hereby made for a Permit to				
			authorize the activities described herein. I				
			certify that I am familiar with the information contained in this application, and to the best				
			of my knowledge and belief such information				
4			is tı	rue, complete, and accurate.			
4.	ENGINEER/ARCHITECT						
	ddress		Prir	nted Name of Person Signing			
			Title	<del></del>			
			Signature of Owner or Designated Agent				
	Phone No		Da	te of Application (month, day, year)			
	License#						

## INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

Owner

Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of any water pollution control facility.

2. Authorized Agent

Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.

3. Name of Facility or Project

State its name, location, and nearest possible address.

4. Name of Engineer/Architect

Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.

 Check the squares indicating name of documents attached to Application.
 All documents are required except where inapplicable.

- A USGS topographic map or a county highway map with the exact site indicated.
- B. Plot plan or plans to scale showing property lines, structures, roads, water wells within 300 feet of the proposed wastewater disposal facility, and topography with 2-foot contours.
- C. Detailed legal description of the property proposed for the permitted facility.
- D. Plans and specifications shall be prepared, certified and sealed by an individual qualified under applicable laws of the State of Indiana.
- E. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
- F. Fees required by 410 IAC 6-12-17

Commercial on-site \$200

Community Wastewater Disposal Facility \$700

Mobile Home Park or Mobile Home Park Addition

\$300

6. Signature

An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.